

NOTIFICATION FORM FOR PERMIT BY RULE AUTHORIZATION FOR THE CALIFORNIA OFFICE OF THE STATE FIRE MARSHAL TO OPERATE A MOBILE FIREWORKS TREATMENT UNIT (MFTU)

For use **only** by the Office of the State Fire Marshal (OSFM) for treating seized, confiscated or
relinquished (Department of Transportation hazard class 1.4) fireworks.

Original ☐

☐

Amended

UNIT SERIAL # _____

CALIFORNIA IDENTIFICATION # _____

PRIMARY CONTACT AT OSFM _____

POSITION _____

ADDRESS _____

TELEPHONE _____

E-MAIL _____

ALTERNATIVE CONTACT AT OSFM _____

POSITION _____

ADDRESS _____

TELEPHONE _____

E-MAIL _____

IDENTIFY THE "HOME BASE" WHERE THIS UNIT WILL BE KEPT _____

ADDRESS _____

UNIT SERIAL # _____

DESCRIPTION OF THE HOME BASE, INCLUDING SECURITY PROVISIONS _____

OSFM STAFF WHO WILL BE AUTHORIZED TO OPERATE THIS UNIT:

NAME # 1 _____

POSITION _____

PHONE & E-MAIL _____

NAME # 2 _____

POSITION _____

PHONE & E-MAIL _____

NAME # 3 _____

POSITION _____

PHONE & E-MAIL _____

NAME # 4 _____

POSITION _____

PHONE & E-MAIL _____

UNIT SERIAL # _____

OTHER OPERATORS

Will staff from local agencies also be authorized by the OSFM to operate this unit?
Yes _____ No _____ If yes, please explain how OSFM will assure that the non-
OSFM staff have successfully completed the required training. _____

ATTACHMENTS:

#1: Description of the handling procedures that OSFM and other designated operators will use when operating this unit. This description must include the procedures for loading the fireworks into the treatment unit, operating the unit, and the disposal of any treatment residues that are determined by the OSFM to be hazardous wastes.

#2. A list of the training courses that OSFM and other agency staff must successfully complete prior to being authorized by the OSFM to operate this unit.

OSFM CERTIFICATIONS AND ACKNOWLEDGEMENTS:

The OSFM certifies that only fireworks DOT hazard class 1.4, will be treated in this unit.

The OSFM certifies that only OSFM staff and emergency response or law enforcement agency staff who have completed the training required to operate this MFTU will operate this unit.

The OSFM acknowledges that the use of this MFTU must also comply with the requirements of each air quality management district and air pollution control district in which it operates, and that this compliance must be documented in the operating record for this unit.

The OSFM certifies that each OSFM and/or law enforcement or emergency response agency person has or will have successfully completed all required training courses before being allowed or assigned to operate this unit.

The OSFM certifies that the unit described in these documents meet the eligibility and operating requirements of the applicable regulations.

UNIT SERIAL # _____

The OSFM certifies under penalty of law that this document and all documents were prepared under my direction or supervision. To the best of my knowledge and belief, the information is true, accurate and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name (print or type)

Title

Signature

Date Signed

INSTRUCTIONS FOR COMPLETING THE PERMIT BY RULE (PBR) NOTIFICATION FOR A MFTU FOR SEIZED FIREWORKS

In order to obtain a PBR for treating seized fireworks in an MFTU, the OSFM will first have to get a California ID # for hazardous waste management for **each** transportable unit.

HOW TO GET A CALIFORNIA ID #: You will need to have this number assigned before submitting the notification form for a MFTU. A California ID # may be obtained by submitting a completed **DTSC Form 1358**. Note that it takes 4 – 6 weeks to process an application. Complete the form as follows:

- #1. check “generator”, and “A”
- #2. through #5. = not applicable
- #6. check “greater than 1,000 kg/month”
- #7. write in “OSFM Fireworks MFTU”
- #8. write the home base address that will be used for this unit
- #9. write the mailing address for the home base for this unit
- #10. this is the primary contact person ; same person as line 3 of Form xxxx
- #11. this is the person signing the certifications of Form xxxx
- #12. SIC code is 9224 “Fire Protection”

NOTE: THE INSTRUCTIONS BELOW ARE NOT YET COMPLETED.

INSTRUCTIONS FOR COMPLETING DTSC FORM XXXX:

Please complete all sections. If you need additional space, please attach a another page. Note that there are two required attachments. The person signing the certifications must (specify signatory authority)

SUBMISSION PROCEDURES:

You must submit **two** sets of this completed notification. Each copy must have an original signature on page # ___ of Form xxxx. The notification packages may be submitted in person, or by certified mail, return receipt requested, to:

Department of Toxic Substances Control
Onsite Hazardous Waste Management Section
Attn: MFTU Notifications
1101 “I” Street, 11th Floor
P.O. Box 806
Sacramento, CA 95812-0806